

## PATENT

Atty. Docket No: 2500 DIV 2 CON 2 DIV 3 CON 7

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Peter M. Bonutti

**SERIAL NO.:** 

10/743,192

**EXAMINER:** 

Unknown

**FILED** 

December 22, 2003

**GROUP ART UNIT:** 37319

FOR:

**FLUID OPERATED RETRACTORS** 

# **CERTIFICATE OF MAILING**

Date of Mailing: June 8, 2004

I hereby certify that the following:

[x] This Certificate of Mailing

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are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents,

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U.S. Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856 (203) 845-1172



## Docket No. 2506 DIV 2 CON 2 DIV 3 CON 7

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Peter M. Bonutti.

Serial No:

10/743,192

Filed:

December 22, 2003

Examiner:

Unknown

**Group Art Unit:** 

3731

For:

**FLUID OPERATED RETRACTORS** 

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

### REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Applicant respectfully requests that a corrected Filing Receipt be issued for this application accurately reflecting

The correct filing date of December 22, 2003.

Enclosed is a copy of the return postcard with the correct filing date, the Express Mail label, and the Filing Receipt with the requested corrections indicated in red.

Respectfully submitted,

Dated: (6) 8 04

Rimberly V. Perry Reg. No. 43,612

Attorney for Applicant

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**CONFIRMATION NO. 6862** 

Kimberly V. Perry, Esq.

U.S. Surgical

A Division of Tyco Healthcare Group, LP

150 Glover Avenue Norwalk, CT 06856 لأنت الانتامات الماتانا

FILING RECEIPT

\*OC000000012311450\*

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Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Peter M. Bonutti, Effingham, IL

Domestic Priority data as claimed by applicant

This application is a CON of 10/662,923 09/15/2003 which is a CON of 09/526,949 03/16/2000 PAT 6,620,181 V which is a CON of 08/464,143 06/05/1995 PAT 6,187,023 √

Foreign Applications

If Required, Foreign Filing License Granted: 04/01/2004

Projected Publication Date: 07/15/2004

Non-Publication Request: No

Early Publication Request: No

Title

Fluid operated retractors J

604

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| Serial No. TBA Docket NoDN 3 COOT Art Group UKN ATTY: KP   |  |
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| TITLE: Fluid operated Retractors Patents:  | Inventor/Applicant: Description  Trademarks:   |
| A patent application including pages of abstract specification and claims (Continuation) (Divisional) (CIP) (Provisional) Appln Il sheets of drawing formal informal Declaration of POA) executed unexecuted Cocy Assignment executed unexecuted Recordation Form Cover Sheet Application Transmittal Letter Amendment | □ Application (ITU) (Actual Use)     □ Drawing Page (of the Mark)     □ Transmittal Letter     □ Statement of Use     □ Petition for Extension of Time     □ specimens of the mark     □ Response     □ Combined Sects. 8 & 9     □ Combined Sects. 8 & 15 |
| Fee Transmittal Petition and Fee for Extension of Time Information Disclosure Statement Submission of Formal Drawings PTO Form 1499 and Copies of Cited References Issue Fee Transmittal Appt. of Representative Power of Attorney PCT Request Form Request for Continued Examination                                  | Certificate of Mailing Certificate of Express Mailing No. ETTIOSIOSOUS Return postcard DATE 12.22.03   |

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